



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
COMMUNITY EDUCATION/SERVICE-LEARNING
Community Service Grant Program Cohort 2

PLANNED PROJECTS

Forms not completed according to directions will be returned for revision. Please fill out one form for each Planned Community Service Project your district will be working on this year.

District Name (Fiscal Agent)		County District Code
Contact Person	Contact Phone	Contact Fax
Consortium Participants		School Year Awarded

a.	Planned Project name	
b.	Planned Project duration	
c.	CBO who will be involved	
d.	Explain how the above listed CBO will be involved in Community Service project	
e.	Number of students expected to be involved in Community Service project	
f.	Grade level Students expected to be participating in project	____Elementary ____Middle ____High

In the narrative sections, please have a least one paragraph and use complete sentences

g.	What tasks or actions will students be performing with this Community Service project? Describe
h.	What types of character education will students be participating in during/at the completion of project? How much time will be spent on these activities?
i.	What types of reflection will students be participating in during/at the completion of project? How much time will be spent on these activities?
j.	What types of transition/student support activities will students be participating in during/at the completion of project? How much time will be spent on these activities?
k.	How did you determine the community need for this Community Service Project? Describe?

PLEASE RETURN TO:	
Service-Learning Supervisor Community Education Department of Elementary and Secondary Education P. O. Box 480 Jefferson City, Missouri 65102-0480 Phone: (573) 526-5395 Fax: (573) 526-4261	
Authorized Signature	Date
Signature of Contact Person	Date